



# STATE ARCHIVES RECORD TRANSMITTAL AND RECEIPT

State Form 48883 (R2 / 6-06)

INDIANA COMMISSION ON PUBLIC RECORDS

PAGE NO.

TOTAL PAGES

OF

- INSTRUCTIONS:**
1. This form is also available at <[www.in.gov/icpr/webfile/formsdiv/index.html](http://www.in.gov/icpr/webfile/formsdiv/index.html)>.
  2. Complete and send entire form to State Archives prior to transfer.
  3. A receipt will be given at the time the records are transferred.
  4. **NOTES** - Please designate importance, if records are scheduled to be sampled.
  5. Transmittal must be typed, printed, or reproduced electronically in order to ensure accuracy and legibility.

## TO

STATE ARCHIVES  
INDIANA COMMISSION ON PUBLIC RECORDS  
6440 East 30th Street  
Indianapolis, Indiana 46219  
Telephone: 317-591-5222  
Fax: 317-591-5324  
E-mail: [arc@icpr.in.gov](mailto:arc@icpr.in.gov)

## FROM

Complete name / division and address of office of origin

Location / address where records may be picked up

## AUTHORIZATION TO TRANSFER RECORDS

Signature of records / information coordinator		Date signed (month, day, year)
Telephone number	Fax number	E-mail address
Name of employee transferring records (if different from above)		Telephone number

## RECEIPT OF RECORDS

Signature of State Archives employee receiving records	
Printed / typed name of State Archives employee receiving records	
Accession number	Date / Time

## RECORD SERIES INVENTORY

USE ONE (1) TRANSMITTAL FOR EACH RECORD SERIES NUMBER. NUMBER BOXES IN A CONTINUOUS SEQUENCE, WITHIN EACH SERIES.

BOX NO.	TOTAL	RECORD NAME	AGENCY NUMBER	NUMBER (e.g. 83-79)	DATES	NOTES (See instructions above)
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**DISTRIBUTION:** White - State Archives File; Canary - Agency; Pink - State Archives processing